

EPI Update for Friday, February 1, 2008
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Histoplasmosis investigation update**
- **Influenza Update**
- **Avian influenza update**
- **Influenza pediatric mortality and *S. aureus* co-infection**
- **Meeting announcements and training opportunities**

Histoplasmosis investigation update

The investigation at Terrace Hill, the Governor's Mansion, continues. As of Thursday night, 102 calls have come in to the public health call center from the public concerning the situation. We are continuing to interview persons who were at Terrace Hill on November 29th and provide laboratory testing to those who had symptoms consistent with histoplasmosis. Neither the epidemiologic investigation, nor the environmental investigation have indicated that exposure to histoplasmosis occurred on any day other than November 29, 2007, but the investigation continues. Over 85 persons have been interviewed and over 75 have submitted samples for laboratory testing. Interviewing and analysis of data is ongoing and laboratory results are pending.

Over 90% of those exposed to histoplasmosis either do not develop any illness or have such mild illness that they do not seek medical attention. It is possible that some persons exposed would have developed symptoms of histoplasmosis (cough, fever, headache, and chest pain) between 3 and 17 days after November 29th. Most clinical illness resolves without medical intervention, but some people may have continuing symptoms, especially those who are immuno-compromised, and will need medical treatment. Additional information can be found at www.idph.state.ia.us/common/press_releases/2008/080128_histoplasmosis.asp

For more information regarding histoplasmosis and this investigation, for both the public and medical professionals, contact IDPH at 1-866-923-1089.

Influenza Update

Influenza activity is steadily increasing but has not yet peaked. Three strains of influenza are circulating in Iowa at present, and include AH1, AH3, and B. Nine hospitalizations were reported last week. All age groups are being significantly affected by the flu this year. The percentage of absence due to illness in schools is slightly elevated, as is the percent of influenza-like illness at sentinel health care provider sites. Since the flu season has not yet peaked, and three different strains of flu are in Iowa, we recommend that anyone who has not received their influenza vaccine yet this season, to do so as soon as possible.

To view this week's flu report, go to

http://www.idph.state.ia.us/adper/common/pdf/flu/flu_report_3.pdf

Avian influenza update

Avian influenza H5N1 continues to be of concern. The lack of media coverage on this subject in recent months might lead some to think the situation is over. The World Health Organization reports that at least 219 human deaths have occurred world-wide from avian influenza, almost all of these occurring after direct exposure to infected poultry. Difficulties with controlling avian influenza in bird flocks have been reported recently in India, Bangladesh, Indonesia and Egypt. Fortunately there have been no human avian influenza cases in the U.S., thus the larger threat to Americans is the seasonal influenza that circulates each year.

Influenza pediatric mortality and *S. aureus* co-infection

Between October 1, 2006 through September 30, 2007, 73 deaths from influenza in children were reported to the Influenza-Associated Pediatric Mortality Surveillance System from 39 state health departments and two city health departments. Data on the presence (or absence) of bacterial co-infections were recorded for 69 of these cases; 30 (44%) had a bacterial co-infection, and 22 (73%) of these 30 were infected with *Staphylococcus aureus*.

The number of pediatric influenza-associated deaths reported during 2006-07 was moderately higher than the number reported during the two previous surveillance years; the number of these deaths in which pneumonia or bacteremia due to *S. aureus* was noted represents a five-fold increase. Of the 22 influenza deaths reported with *S. aureus* in 2006-2007, 15 children had infections with methicillin-resistant *S. aureus* (MRSA).

Influenza strains isolated from these children were not different from common strains circulating in the community, and the MRSA strains have been similar to those associated with MRSA skin infection outbreaks in the United States.

Health care providers should test persons hospitalized with respiratory illness for influenza, including those with suspected community-acquired pneumonia, and be alert to the possibility of MRSA co-infection among children with influenza.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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